



NATIVE VILLAGE OF BARROW INUPIAT TRADITIONAL GOVERNMENT

Dear Applicant,

Please choose/circle which program you are applying for:

New Construction (NC) Renovation (REN) Emergency Repair (ERP)
Homeless Prevention (Shelter/Hotel) Homeless Prevention (Rent Assistance)
Foreclosure Assistance Inspection Real Property Acquisitions

To assist us in keeping accurate records, please make sure to do the following:

- 1. Include copies of income verification/1040 tax forms for all members of the household.**
- 2. Include copies of Criminal Record Background of all adult members.**
- 3. Include copy of deed to any land owned (if any).**

4. Make sure to update your application.

It is the responsibility of the applicant to update his/her application every 12 months. Applicants who fail to update their application risk being placed in the “inactive file”.

Updates are also necessary when jobs, family members, addresses, or phone numbers change. Even if everything stays the same, updates should be done on an annual basis.

5. Complete all questions to the best of your knowledge.

Incomplete information delays processing. Birthdays and Social Security numbers are needed for all members of household. If a section does not apply to your household, Please write N/A.

6. Other helpful information that should be included is:

If there is a disabled family member, include:

Proof and the nature of the disability (from hospital, or state agency).

Annual disability and the cost for an assistance to allow family members to work.

*** Also include any rent, utilities, or child care expenses.

QUYANAQPAK!! If you have any questions, please call Samuel Okakok or Emma Hopson at 907-852-4411. We will be happy to assist you complete the application for Housing Assistance.

C. INCOME INFORMATION _____

14. Earned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification.

Name	Annual Earned Income	Source of Income

Total annual earned income: \$ _____

15. Unearned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have unearned income such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, individual Indian Money (IIM) ledgers, etc. for verification.

Name	Annual Unearned Income	Source of Income

Total annual unearned income: \$ _____

16. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (earned + unearned): \$ _____

D. HOUSING INFORMATION _____

17.	Location of the house to be repaired, renovated or constructed. (Give address and detailed directions to this house). **DRAW MAP ON BACK OF THIS PAGE**
18.	Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.
19.	If repair assistance is needed, do you own _____ or rent _____ this house?
	If renting, is the owner Indian? ___ No ___ Yes
	If yes, provide name of owner(s):
20.	Are you living in Overcrowded Conditions? ___ No ___ Yes
21.	Is the condition of the home in a dilapidated state? ___ No ___ Yes

Date of this application: _____

HOUSING INFORMATION, continued.

22.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____.				
23.	Type of Sewer system:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Chemical Toilet	<input type="checkbox"/> Outhouse
	Water Source:	<input type="checkbox"/> City Water	<input type="checkbox"/> Private Well	<input type="checkbox"/> Community Water Tank	
Other (Please describe): _____					
24.	No. of Bedrooms _____.				
25.	House Size: _____ (Square Feet)	[LENGTH _____ ft/in]	[WIDTH _____ ft/in]		
26.	Bathroom facilities in existing house:	Facility	Yes	No	
		Flush toilet			
		Bathtub			
		Sink/lavatory			

E. LAND INFORMATION _____

27.	Do you own the land on which you wish to renovate or build this home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, can you provide proof that you can obtain land? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide the name of the owner(s): _____			
28.	What is the current status of the land?	<input type="checkbox"/> Fee	<input type="checkbox"/> Tribal Fee	<input type="checkbox"/> Native/Restricted
		<input type="checkbox"/> Individual trust land	<input type="checkbox"/> Tribal trust land	<input type="checkbox"/> Public Domain
		<input type="checkbox"/> Individually restricted	<input type="checkbox"/> Tribally restricted	<input type="checkbox"/> Other: _____
29.	If you do not own the land, do you have: <input type="checkbox"/> Leasehold interest? <input type="checkbox"/> Use permit? <input type="checkbox"/> Indefinite assignment or joint ownership? If so, please explain: _____			

F. GENERAL INFORMATION _____

		Yes	No
30.	Have you or anyone in your household ever received Housing Improvement Program assistance?		
	If yes, give amount received \$_____; the year it was received: 19____; and the location of the house: _____		
31.	Do you own any other house not occupied by your family?		
	If yes, state where the house is located: _____ and who occupies it: _____.		
32.	Do you live in a house built with Housing and Urban Development (HUD) funds?		
33.	Is the HUD project still under operation of an Indian Housing Authority?		
34.	Are you seeking Down Payment Assistance?		
	If yes, have you applied with USDA Rural Development or other lending institution? Please provide a copy of the credit letter.		
35.	If you are requesting assistance for a new housing unit, have you applied for assistance from:		
	• Indian Housing Authority? If yes, provide date of application: _____		
	• Tribal Credit Program? If yes, provide date of application: _____		
	• Other? From who: _____ If yes, provide date of application: _____		
36.	Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap or permanent disability?		
	If yes, provide name of family member _____ and brief description of condition. (Your servicing housing office will advise you if you must provide a statement of condition from one source, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

Date of this application: _____

G. APPLICANT CERTIFICATION

(Read this certification carefully before you sign and date your application. Sign in ink).

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the housing program or other Federal agency requires it in the performance of their duties.

Applicant's Signature: _____

Date: _____

Spouse's Signature (if appropriate) _____

Date: _____

PRIVACY ACT STATEMENT

25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice "Indian Housing Improvement Program, Interior, BIA-10." The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. Response to this request is required to obtain a benefit in accordance with 25 CFR 256. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.

Date of this application: _____



NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

APPLICANT OR PARTICIPANT STATEMENT FOR 1040 TAXES

I hereby certify that the information given to the NVB-Housing Department pertaining to the (year) _____ taxes, that **I DO NOT** file taxes, nor does anyone in my household file for taxes. (By signing as household member(s) you are agreeing to the fact, that you do not file for taxes).

** Reason(s) for not filing (reason MUST be in detail, per HUD Policies):

I understand that false statements or information are punishable under federal law. I also understand that false statements or information are grounds for denial of housing assistance.

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Household Member

Date

Signature of Household Member

Date



RELEASE OF INFORMATION

I, _____, Date of Birth: _____ SSN: _____
 (Applicant)

I, _____, Date of Birth: _____ SSN: _____
 (Co-Applicant)

Authorize:

State of Alaska Public Assistance 675 7 th Avenue Fairbanks, Alaska 99701 Tel: (800) 478-2850 Fax: (907) 451-2923		Arctic Slope Regional Corporation Stock Department P.O. Box 129 Barrow, AK 99723 Tel: (907) 852-8633 Toll Free: 1-800-770-2772 Fax: (907) 852-9457
Social Security Administration 101 12 th Avenue P.O. Box 9 Fairbanks, Alaska 99701 Tel: (907) 478-0391 Fax: (907) 456-0333	State of Alaska Permanent Fund Dividend PO Box 11462 Juneau, AK 99811-0462 Tel: (907) 465-2326 Fax : (907) 465-3470	Ukpeagvik Inupiat Corporation Stock Department P.O. Box 890 Barrow, AK 99723 Tel: (907) 852-4460 Fax: (907) 852-4459

To release information regarding any financial assistance, dividend payments or other kinds of income or public assistance to any of the following:

Samuel Okakok Housing Director Housing Department Native Village of Barrow P.O. Box 1130 Barrow, Alaska 99723 Tel (907) 852-4411 Fax: (907) 852-4005	Emma Hopson Compliance Officer Housing Department Native Village of Barrow P.O. Box 1130 Barrow, Alaska 99723 Tel: (907) 852-4411 Fax: (907) 852-4005	
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For the purpose of evaluating my application for services through the Native Village of Barrow Housing Department. I understand that the information released will be treated in a confidential manner and will not be released to other persons or agencies without my specific authorization. This authorization expires 90 days from the date of my signature.

 Applicant

 Date

 Co-Applicant

 Date



APPLICANT OR PARTICIPANT STATEMENT:

I hereby certify that the information given to the NVB-Housing Department on credit, references, and tenant history is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law. I also understand that false statements or information are grounds for termination or denial of housing assistance.

I understand that after verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on HUD form 50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape.

**I acknowledge that I have received and signed a Federal Privacy Act Statement. **
(Household Member 18 and over)

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Household Member

Date

IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST, OR HAVE QUESTIONS ABOUT THE LAWS ABOUT DISCRIMINATION, CONTACT THE ALASKA STATE COMMISSION FOR HUMAN RIGHTS, AT 1-800-478-4692, OR YOU MAY CONTACT THE FEDERAL OFFICE OF FAIR HOUSING AND EQUAL OPPORTUNITY AT 206-220-5170.



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RELEASE OF INFORMATION

I, _____, Date of Birth: _____ SSN: _____
(Applicant)

I, _____, Date of Birth: _____ SSN: _____
(Co-Applciant)

Authorize to communicate with:

Name: Address: Ph#: Fax#:	Name: Address: Ph#: Fax#:	Name: Address: Ph#: Fax#:
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To release information regarding any Housing assistance; application; status from:

Samuel Okakok Housing Director Housing Department Native Village of Barrow P.O. Box 1130 Barrow, Alaska 99723 Tel (907) 852-4411 Fax: (907) 852-4005	Emma Hopson Compliance Officer Housing Department Native Village of Barrow P.O. Box 1130 Barrow, Alaska 99723 Tel: (907) 852-4411 Fax: (907) 852-4005	
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Applicant

Date

Co-Applciant

Date: